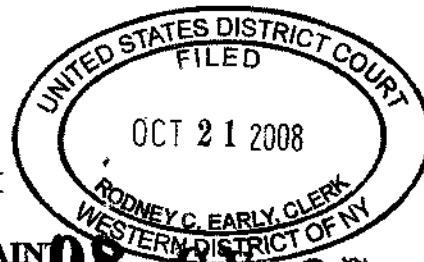


Revised 03/06 WDNV

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK**



**FORM TO BE USED IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
(Prisoner Complaint Form)**

08 - CV 0778 *Sc*

All material filed in this Court is now available via the INTERNET. See Pro Se Privacy Notice for further information.

1. CAPTION OF ACTION

A. Full Name And Prisoner Number of Plaintiff: **NOTE:** *If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization or the only plaintiff to be considered will be the plaintiff who filed an application and Authorization.*

1. RILAND BRYANT 07A6919

2. _____

-VS-

B. Full Name(s) of Defendant(s) **NOTE:** *Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.*

1. MELVIN WILLIAMS, SUPERINTENDENT

4. _____

2. R. REYNOLDS, CORRECTION OFFICER

5. _____

3. _____

6. _____

2. STATEMENT OF JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION **NOTE:** *To list additional plaintiffs, use this format on another sheet of paper.*

Name and Prisoner Number of Plaintiff: RILAND BRYANT 07A6919

Present Place of Confinement & Address: Willard Drug Treatment Campus

7116 County Road 132, P.O. Box 303, Willard, New York 14588

Name and Prisoner Number of Plaintiff: RILAND BRYANT 07A6919

Present Place of Confinement & Address: Willard Drug Treatment Campus 7116 County

Road 132, P.O. Box 303, Willard, N.Y. 14588

DEFENDANT'S INFORMATION NOTE: To provide information about more defendants than there is room for here, use this format on another sheet of paper.

Name of Defendant: MELVIN WILLIAMS, SUPERINTENDENT, R. REYNOLDS, CORRECTION OFFICER

(If applicable) Official Position of Defendant: SUPERINTENDENT

(If applicable) Defendant is Sued in Individual and/or ☒ Official Capacity

Address of Defendant: 7116 COUNTY ROAD 132, P.O. BOX 303, WILLARD, N.Y.
14588

Name of Defendant: R. REYNOLDS

(If applicable) Official Position of Defendant: CORRECTION OFFICER

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: 7116 COUNTY ROAD 132, P.O. BOX 303, WILLARD, N.Y.
14588

Name of Defendant: _____

(If applicable) Official Position of Defendant: _____

(If applicable) Defendant is Sued in _____ Individual and/or _____ Official Capacity

Address of Defendant: _____

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?
Yes ☒ No _____

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): MELVIN RILAND BRYANT 07A6919

Defendant(s): MELVIN WILLIAMS, SUPERINTENDENT

R. REYNOLDS, CORRECTION OFFICER

2. Court (if federal court, name the district; if state court, name the county): SENECA COUNTY

3. Docket or Index Number: _____

4. Name of Judge to whom case was assigned: DENNIS BENDER, A.S.T.

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes ☒ No ☒

If not, give the approximate date it was resolved. 5-18-08

Disposition (check the statements which apply):

Dismissed (check the box which indicates why it was dismissed):

☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

☐ By court for failure to exhaust administrative remedies;

☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

☐ By court due to your voluntary withdrawal of claim;

Judgment upon motion or after trial entered for

plaintiff

defendant.

B. Have you begun any other lawsuits in federal court which relate to your imprisonment?

Yes _____ No ☒

If Yes, complete the next section. NOTE: *If you have brought more than one other lawsuit dealing with your imprisonment, use this same format to describe the other action(s) on another sheet of paper.*

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. District Court: _____

3. Docket Number: _____

4. Name of District or Magistrate Judge to whom case was assigned: _____

5. The approximate date the action was filed: 5-18-08

6. What was the disposition of the case?

Is it still pending? Yes ☒ No ☒

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

Dismissed (check the box which indicates why it was dismissed):

- ☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;
- ☐ By court for failure to exhaust administrative remedies;
- ☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;
- ☐ By court due to your voluntary withdrawal of claim;

Judgment upon motion or after trial entered for

- ☐ plaintiff
- ☐ defendant.

5. STATEMENT OF CLAIM

For your information, the following is a list of some of the most frequently raised grounds for relief in proceedings under 42 U.S.C. § 1983. (This list does not include all possible claims.)

- | | | |
|--------------------|--------------------------|-------------------------------|
| • Religion | • Access to the Courts | • Search & Seizure |
| • Free Speech | • False Arrest | • Malicious Prosecution |
| • Due Process | • <u>Excessive Force</u> | • Denial of Medical Treatment |
| • Equal Protection | • Failure to Protect | • Right to Counsel |

Please note that it is not enough to just list the ground(s) for your action. You must include a statement of the facts which you believe support each of your claims. In other words, tell the story of what happened to you but do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995). Fed.R.Civ.P. 10(b) states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

Exhaustion of Administrative Remedies

Note that according to 42 U.S.C. § 1997e(a), "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prison er confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

You must provide information about the extent of your efforts to grieve, appeal, or otherwise exhaust your administrative remedies, and you must attach copies of any decisions or other documents which indicate that you have exhausted your remedies for each claim you assert in this action.

A. FIRST CLAIM: On (date of the incident) April 9, 2008
 defendant (give the name and position held of each defendant involved in this incident) R. Reynolds,
Corrections Officer, MELVIN Williams, Superintendent

did the following to me (briefly state what each defendant named above did): Went to Breakfast after
physical training. Were almost done when he grabbed me in the
collar of my sweatshirt pulled me to the floor then dragged me
across the floor and then he kicked me twice in the back

The constitutional basis for this claim under 42 U.S.C. § 1983 is: Assault & Sexual Assault

The relief I am seeking for this claim is (briefly state the relief sought): 1,000,000.00 One million
dollars

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? Yes ☒ No If yes, what was the result? _____

Did you appeal that decision? Yes ☒ No If yes, what was the result? _____

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: Having problems getting
to Law Library here. Sign up and they call everyone else but me.
Still have NOT BEEN ABLE TO GET TO LIBRARY AT Willard D.T.C..

A. SECOND CLAIM: On (date of the incident) 4-9-08
 defendant (give the name and position held of each defendant involved in this incident) MELVIN Williams
Supt., RICKY REYNOLDS, C.O.

did the following to me (briefly state what each defendant named above did): They made me eat a bagel off the floor in front of over (100) one hundred parolers who were afraid to say that they had seen what happened. I then went to pick-up call for the pain in my back and was taken to a room called the rubber room with Sgt Reynolds who threatened me and then made me sign a piece of paper and then took pictures of my back.

The constitutional basis for this claim under 42 U.S.C. § 1983 is: ASSAULT/SEXUAL ASSAULT

The relief I am seeking for this claim is (briefly state the relief sought): 1,000,000.00 - one million dollars for damages, pain and suffering

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? ☒ Yes ☒ No If yes, what was the result? _____

Did you appeal that decision? _____ Yes ☒ No If yes, what was the result? _____

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: DID NOT KNOW EXACTLY WHAT REMEDIES WERE

If you have additional claims, use the above format and set them out on additional sheets of paper.

6. RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

MONEY PAYMENTS FOR PAIN AND SUFFERING ALONG WITH DAMAGES ALL IN TOTAL ONE MILLION DOLLARS (1,000,000.00)

Do you want a jury trial? Yes _____ No _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 10, 2008
(date)

NOTE: Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.

Richard Bryant 07A6919

Signature(s) of Plaintiff(s)

UCS-840 (REV 1/2000)

REQUEST FOR JUDICIAL INTERVENTION

COURT	COUNTY	INDEX NO.	DATE PURCHASED	For Clerk Only
PLAINTIFF(S): <i>Riland BRYANT 07A6919</i>				IAS entry date
DEFENDANT(S): <i>MELVIN Williams, SUPERINTENDENT</i> <i>R. REYNOLDS, CORRECTION OFFICER</i>				Judge Assigned
				RJI Date

Date issue joined: _____ Bill of particulars served (Y/N): ☐ Yes ☐ NoNATURE OF JUDICIAL INTERVENTION (check ONE box only AND enter information)

- | | |
|---|--|
| <input type="checkbox"/> Request for preliminary conference | <input type="checkbox"/> Notice of petition (return date: _____)
Relief sought _____ |
| <input type="checkbox"/> Note of issue and/or certificate of readiness | <input type="checkbox"/> Notice of medical or dental malpractice action (specify: _____) |
| <input type="checkbox"/> Notice of motion (return date: _____)
Relief sought _____ | <input type="checkbox"/> Statement of net worth |
| <input type="checkbox"/> Order to show cause
(clerk enter return date: _____)
Relief sought _____ | <input type="checkbox"/> Writ of habeas corpus |
| <input type="checkbox"/> Other ex parte application (specify: _____) | <input type="checkbox"/> Other (specify: _____) |

NATURE OF ACTION OR PROCEEDING (Check ONE box only)

MATRIMONIAL

- ☐ Contested -CM
☐ Uncontested -UM

COMMERCIAL

- ☐ Contract -CONT
☐ Corporate -CORP
☐ Insurance (where insurer is a party, except arbitration) -INS
☐ UCC (including sales, negotiable instruments) -UCC
☐ *Other Commercial -OC

REAL PROPERTY

- ☐ Tax Certiorari -TAX
☐ Foreclosure -FOR
☐ Condemnation -COND
☐ Landlord/Tenant -LT
☐ *Other Real Property -ORP

OTHER MATTERS

- ☐ * _____ -OTH

TORTS

Malpractice

- ☐ Medical/Podiatric -MM
☐ Dental -DM
☐ *Other Professional -OPM

- ☐ Motor Vehicle -MV
☐ *Products Liability -PL

- ☐ Environmental -EN
☐ Asbestos -ASB
☐ Breast Implant -BI
☐ *Other Negligence -OTN

- ☒ *Other Tort (including intentional) -OT

SPECIAL PROCEEDINGS

- ☐ Art. 75 (Arbitration) -ART75
☐ Art. 77 (Trusts) -ART77
☒ Art. 78 -ART78
☐ Election Law -ELEC
☐ Guardianship (MHL Art. 81) -GUARD81
☐ *Other Mental Hygiene -MHYG
☐ *Other Special Proceeding -OSP

Check "YES" or "NO" for each of the following questions:

Is this action/proceeding against a

YES NO

☐ ☐ Municipality:

(Specify _____)

YES NO

☒ ☐ Public Authority:(Specify DEPT. OF CORRECTIONAL SERVICES)

YES NO

☒ ☐ Does this action/proceeding seek equitable relief?☒ ☐ Does this action/proceeding seek recovery for personal injury?☐ ☒ Does this action/proceeding seek recovery for property damage?Pre-Note Time Frames:

(This applies to all cases except contested matrimonials and tax certiorari cases)

Estimated time period for case to be ready for trial (from filing of RJ1 to filing of Note of Issue):

☐ Expedited: 0-6 months☐ Standard: 9-12 months☒ Complex: 13-15 monthsContested Matrimonial Cases Only: (Check and give date)

Has summons been served?

☐ No☐ Yes, Date _____

Was a Notice of No Necessity filed?

☐ No☐ Yes, Date _____ATTORNEY(S) FOR PLAINTIFF(S):

<u>Self Rep.*</u>	<u>Name</u>	<u>Address</u>	<u>Phone #</u>
<input checked="" type="checkbox"/>	Riland BRYANT 07A6919	100 TERRACE AVE. #230	516-385-4767
<input type="checkbox"/>		Hempstead, N.Y. 11550	

ATTORNEY(S) FOR DEFENDANT(S):

<u>Self Rep.*</u>	<u>Name</u>	<u>Address</u>	<u>Phone #</u>
<input type="checkbox"/>	MELVIN Williams, SUPERINTENDENT	WILLARD DRUG TREATMENT CAMPUS	
<input type="checkbox"/>	Ricky Reynolds, CORRECTION OFFICER	7116 COUNTY 132, P.O. BOX 303	
		Willard, N.Y. 14588	

*Self Represented: parties representing themselves, without an attorney, should check the "Self Rep." box and enter their name, address, and phone # in the space provided above for attorneys.

INSURANCE CARRIERS:RELATED CASES: (IF NONE, write "NONE" below)

<u>Title</u>	<u>Index #</u>	<u>Court</u>	<u>Nature of Relationship</u>
			NONE

I AFFIRM UNDER PENALTY OF PERJURY THAT, TO MY KNOWLEDGE, OTHER THAN AS NOTED ABOVE, THERE ARE AND HAVE BEEN NO RELATED ACTIONS OR PROCEEDINGS, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION PREVIOUSLY BEEN FILED IN THIS ACTION OR PROCEEDING.

Dated:

Riland Bryant 07A6919
(SIGNATURE)
Riland BRYANT
(PRINT OR TYPE NAME)

ATTORNEY FOR

ATTACH RIDER SHEET IF NECESSARY TO PROVIDE REQUIRED INFORMATION